

OFFICE OF THE **PRESIDENT, BOARD OF HEALTH**

ances.

1961, 8

CHILD'S BIRTH NUMBER									
STATE OF ILLINOIS									
REG. DIST. No. 3104									
112-51-630245									
PLACE OF BIRTH		COOK		ILLINOIS		VITAL RESIDENCE OF MOTHER (When born mother lived)		COOK	
1b. CITY (If outside corporate limits, write RURAL and give township)		CHICAGO		2b. CITY (If outside corporate limits, write RURAL and give township)		CHICAGO		COOK	
1c. STREET ADDRESS		1414 Belmont St. (If hospital or institution, give name)		2d. STREET ADDRESS		1910 Michigan		CHICAGO	
1d. CHILD'S NAME		Paula		1e. (Month)		1910		MAY 2 1951	
1e. SEX		Female		1f. THIS BIRTH		1g. DATE OF BIRTH		MAY 2 1951	
1f. SINGLE		X		1g. TWIN OR TRIPLET		1h. DATE OF BIRTH		MAY 2 1951	
1g. FULL NAME OF FATHER		John		1i. (Month)		1j. (Year)		1910	
1h. HIS AGE (At time of this birth)		30		1k. HIS BIRTHPLACE (State or foreign country)		1l. HIS USUAL OCCUPATION		Block Kinser	
1i. FULL MOTHER NAME		L. Vac		1m. (Month)		1n. (Year)		1910	
1j. HER AGE (At time of this birth)		30		1k. HER BIRTHPLACE (State or foreign country)		1l. HER USUAL OCCUPATION		Block Kinser	
1k. I hereby certify that I attended at the birth of this child which was born alive and was not a stillborn		1m. (Month)		1n. (Year)		1o. (Month)		1p. (Year)	
1l. I hereby certify that I attended at the birth of this child which was born alive and was not a stillborn		1m. (Month)		1n. (Year)		1o. (Month)		1p. (Year)	
1m. (Month)		1n. (Year)		1o. (Month)		1p. (Year)		1q. (Month)	
1n. (Year)		1o. (Month)		1p. (Year)		1q. (Month)		1r. (Year)	
1o. (Month)		1p. (Year)		1q. (Month)		1r. (Year)		1s. (Month)	
1p. (Year)		1q. (Month)		1r. (Year)		1s. (Month)		1t. (Year)	
1q. (Month)		1r. (Year)		1s. (Month)		1t. (Year)		1u. (Month)	
1r. (Year)		1s. (Month)		1t. (Year)		1u. (Month)		1v. (Year)	
1s. (Month)		1t. (Year)		1u. (Month)		1v. (Year)		1w. (Month)	
1t. (Year)		1u. (Month)		1v. (Year)		1w. (Month)		1x. (Year)	
1u. (Month)		1v. (Year)		1w. (Month)		1x. (Year)		1y. (Month)	
1v. (Year)		1w. (Month)		1x. (Year)		1y. (Month)		1z. (Year)	
1w. (Month)		1x. (Year)		1y. (Month)		1z. (Year)		1aa. (Month)	
1x. (Year)		1y. (Month)		1z. (Year)		1aa. (Month)		1ab. (Year)	
1y. (Month)		1z. (Year)		1aa. (Month)		1ab. (Year)		1ac. (Month)	
1z. (Year)		1aa. (Month)		1ab. (Year)		1ac. (Month)		1ad. (Year)	
1aa. (Month)		1ab. (Year)		1ac. (Month)		1ad. (Year)		1ae. (Month)	
1ab. (Year)		1ac. (Month)		1ad. (Year)		1ae. (Month)		1af. (Year)	
1ac. (Month)		1ad. (Year)		1ae. (Month)		1af. (Year)		1ag. (Month)	
1ad. (Year)		1ae. (Month)		1af. (Year)		1ag. (Month)		1ah. (Year)	
1ae. (Month)		1af. (Year)		1ag. (Month)		1ah. (Year)		1ai. (Month)	
1af. (Year)		1ag. (Month)		1ah. (Year)		1ai. (Month)		1aj. (Year)	
1ag. (Month)		1ah. (Year)		1ai. (Month)		1aj. (Year)		1ak. (Month)	
1ah. (Year)		1ai. (Month)		1aj. (Year)		1ak. (Month)		1al. (Year)	
1ai. (Month)		1aj. (Year)		1ak. (Month)		1al. (Year)		1am. (Month)	
1aj. (Year)		1ak. (Month)		1al. (Year)		1am. (Month)		1an. (Year)	
1ak. (Month)		1al. (Year)		1am. (Month)		1an. (Year)		1ao. (Month)	
1al. (Year)		1am. (Month)		1an. (Year)		1ao. (Month)		1ap. (Year)	
1am. (Month)		1an. (Year)		1ao. (Month)		1ap. (Year)		1aq. (Month)	
1an. (Year)		1ao. (Month)		1ap. (Year)		1aq. (Month)		1ar. (Year)	
1ao. (Month)		1ap. (Year)		1aq. (Month)		1ar. (Year)		1as. (Month)	
1ap. (Year)		1aq. (Month)		1ar. (Year)		1as. (Month)		1at. (Year)	
1aq. (Month)		1ar. (Year)		1as. (Month)		1at. (Year)		1au. (Month)	
1ar. (Year)		1as. (Month)		1at. (Year)		1au. (Month)		1av. (Year)	
1as. (Month)		1at. (Year)		1au. (Month)		1av. (Year)		1aw. (Month)	
1at. (Year)		1au. (Month)		1av. (Year)		1aw. (Month)		1ax. (Year)	
1au. (Month)		1av. (Year)		1aw. (Month)		1ax. (Year)		1ay. (Month)	
1av. (Year)		1aw. (Month)		1ax. (Year)		1ay. (Month)		1az. (Year)	
1aw. (Month)		1ax. (Year)		1ay. (Month)		1az. (Year)		1ba. (Month)	
1ax. (Year)		1ay. (Month)		1az. (Year)		1ba. (Month)		1bb. (Year)	
1									

CITY OF CHICAGO -- BOARD OF HEALTH

OFFICE OF THE PRESIDENT, BOARD OF HEALTH

STATE OF ILLINOIS)
COUNTY OF COOK) SS
CITY OF CHICAGO

I, Herman M. Bundesen, M.D.,
Registrar of Vital Statistics of the City of Chicago,
do hereby certify that I am
the keeper of the records of
births, stillbirths and
deaths of the City of Chicago
by virtue of the laws of the
State of Illinois and the
ordinances of the City of
Chicago; that the accompanying
certificate on this
sheet is a true copy of a
record kept by me in pursu-
ance of said laws and ordi-
nances.

JUNE 28, 1949

ORIGINAL

STATE OF ILLINOIS
Department of Public Health
Division of Vital Statistics and Records

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of COOK
City of CHICAGO

2. RESIDENCE OF MOTHER AT STATE
MOTHER'S NAME: Mrs. Ann Black
MOTHER'S ADDRESS: 1015 Buena Vista
MOTHER'S OCCUPATION: Housewife

3. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

4. NAME OF FATHER
Name: Emil Schmidt
Sex: Male
Date of Birth: June 30, 1910

5. NAME OF MOTHER
Name: Ann Black
Sex: Female
Date of Birth: June 28, 1910

6. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

7. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

8. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

9. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

10. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

11. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

12. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

13. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

14. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

15. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

16. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

17. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

18. NAME OF CHILD
Name: Evan Schmidt
Sex: Male
Date of Birth: June 28, 1949

CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE
OF SAID LAWS AND ORDINANCES.

Birch Est. of Marble A.

ALLEN 775

PASSPORT



*United States
of America*

PASSPORT NUMBER
NUMERO DU PASSEPORT

0454755

PEN AND INK ENTRY OF THE PASSPORT
NUMBER BY THE BEARER

FOR YOUR PROTECTION PLEASE FILL IN THE NAMES AND ADDRESSES BELOW.

BEARER'S ADDRESS IN THE UNITED STATES:

ADRESSE DU TITULAIRE AUX ETATS-UNIS:

3434 W. 83rd St.

Woodridge, Ill. 60517

BEARER'S FOREIGN ADDRESS:

ADRESSE DU TITULAIRE A L'ETRANGER:

IN CASE OF DEATH OR ACCIDENT NOTIFY THE NEAREST AMERICAN
DIPLOMATIC OR CONSULAR OFFICE AND THE INDIVIDUAL NAMED
BELOW:

EN CAS DE DECES OU D'ACCIDENT, PRIERE D'AVISER LE SERVICE
DIPLOMATIQUE OU CONSULAIRE DES ETATS-UNIS LE PLUS PROCHE,
AINSI QUE LA PERSONNE NOMMEE CI-DESSOUS.

Name
Nom Glenn L. Blockinger JR.

Address
Adresse 3436 W. 83rd St.

Woodridge, Ill. 60517

The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen(s) /national(s) of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.



Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes les autorités compétentes d'autoriser l'entrée du(des) ressortissant(s) des Etats-Unis nommé(s) dans les présentes, sans délai ni difficulté et, en cas de besoin, d'accorder audit(auxdits) ressortissant(s) toute aide et toute protection légitimes.

WARNING: ALTERATION, ADDITION OR MUTILATION OF ENTRIES IS PROHIBITED.
ANY UNOFFICIAL CHANGE WILL RENDER THIS PASSPORT INVALID.

NAME—NOM

GLENN L. BLOCKINGER, SR.

SEX—SEXE

M

BIRTHPLACE—LIEU DE NAISSANCE

ILLINOIS, U.S.A.

BIRTH DATE—DATE DE NAISSANCE

MAY 30, 1920

ISSUE DATE—DATE DE DELIVRANCE

FEB. 22, 1980

WIFE/HUSBAND—EPOUSE/EPOUX

X X X

EXPIRES ON—EXPIRE LE

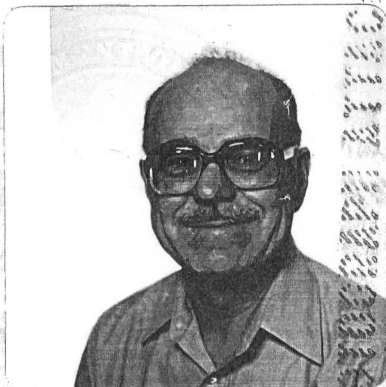
FEB. 21, 1985

MINORS—ENFANTS MINEURS

X X X

Glenn L. Blockinger Sr.
SIGNATURE OF BEARER—SIGNATURE DU TITULAIRE

→ IMPORTANT: THIS PASSPORT IS NOT VALID UNTIL SIGNED BY THE BEARER.
PERSONS INCLUDED HEREIN MAY NOT USE THIS PASSPORT FOR TRAVEL
UNLESS ACCOMPANIED BY THE BEARER.





Entrées/Entrées

Visas

Departures/Sorties

ADMITTED
O'HARE AIRPORT

SEP 25 1980

U.S. CUSTOMS
U.S. IMMIGRATION

Entrées/Entrées

Visas

Departures/Sorties

IT IS THE RESPONSIBILITY OF THE PASSPORT BEARER TO
OBTAIN THE NECESSARY VISAS.

LE TITULAIRE DU PASSEPORT EST SEUL RESPONSABLE DE
L'OBTENTION DES VISAS REQUIS.

6

7

Certificate of Marriage



ST. FRANCIS DE PAULA CHURCH

COR. 78TH ST. AND ELLIS AVE.

CHICAGO, ILL.

This is to Certify that

Glenn L. Blockinger of Chicago, Illinois

and

Eva Schmidt of Chicago, Illinois

were married according to the Rites of the Roman Catholic Church
and in accordance with the Laws of the State of Illinois

on the second day of May 19 46

by the Reverend Vincent C. Poole

the witnesses being { Francis J. Schuler
 Marian M. Schmidt

as appears from the Marriage Register of this Church

Vol. M II Page 61

Dated August 5, 19 46.

Vincent C. Poole Pastor
ASSISTANT

ST. FRANCIS De PAULA CHURCH
7822 S. Dobson
Chicago, Illinois 60619

This is to Certify that

GLENN L. BLOCKINGER -

Born: May 30, 1920, West Union, Illinois

Parents: Everett Blockinger and Martha J. Spangler

and

EVA SCHMIDT

Born: March 26, 1919 in Roumania

Parents: John Schmidt and Eva Schreiber
were united in

Holy Matrimony

according to

*the Rite of the Roman Catholic Church and in
conformity with the Laws of the State
of Illinois*

On the 2nd day of May 1946

Witnesses

{ Francis J. Schuler
Marian M. Schmidt

By the Rev. Vincent C. Poole

Issued January 11th 1980

Rev. Herbert J. Meyer Pastor

Vol. II, p. 61, Entry No. 1295

Your copy
for file

REPORT OF BIRTH

STATE OF ILLINOIS, }
County of Clark } ss.

1. Full name of child Glenn Lewis Blockinger
2. Sex Male Race or Color White
3. Number of child of this Mother 1 Date of birth May 30-1920
4. Born in Darwin Clark County, Illinois.
5. Residence of Mother Darwin Clark County, Illinois.
6. Father was born in Illinois His age is 28 years.
7. Mother was born in Illinois Her age is 26 years.
8. Full name of Father Everett Blockinger
9. Maiden name of Mother Mattie Spangler
10. Occupation of Father Farmer
11. Reported by Chas O Highsmith M. D. or ~~Midwife~~.
- Address West Union Ill Date reported June 9-1920

STATE OF ILLINOIS, }
County of Clark } ss.

I, John Quinch, County Clerk
in and for the County and State aforesaid, and keeper of the files and records of the re-
ports of BIRTHS AND DEATHS, do hereby certify that the above and foregoing to be a
full and complete copy of a report of the birth of Glenn Lewis Blockinger
as the same appears from the files and records in my office remaining.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed the seal of my office at Marshall,
Illinois, this 8 day of May
A. D. 1940

John Quinch
County Clerk.

REPORT OF BIRTH

STATE OF ILLINOIS, }
County of Clark } ss.

1. Full name of child..... *Glenn Lewis Blockinger*
2. Sex..... *Male*..... Race or Color..... *White*
3. Number of child of this Mother..... *1*..... Date of birth..... *May 30-1920*
4. Born in..... *Darwin*..... Clark County, Illinois.
5. Residence of Mother..... *Darwin*..... Clark County, Illinois.
6. Father was born in..... *Illinois*..... His age is..... *28*..... years.
7. Mother was born in..... *Illinois*..... Her age is..... *26*..... years.
8. Full name of Father..... *Everett Blockinger*
9. Maiden name of Mother..... *Mattie Spangler*
10. Occupation of Father..... *Farmer*
11. Reported by..... *Chas. C. Highsmith*..... M. D. or ~~Midwife~~.
- Address..... *West Union, Ill.*..... Date reported..... *June 9-1920*

STATE OF ILLINOIS, }
County of Clark } ss.

I, *John R. Quinch*, County Clerk
in and for the County and State aforesaid, and keeper of the files and records of the re-
ports of BIRTHS AND DEATHS, do hereby certify that the above and foregoing to be a
full and complete copy of a report of the birth of *Glenn Lewis Blockinger*
as the same appears from the files and records in my office remaining.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed the seal of my office at Marshall,
Illinois, this..... *8*..... day of..... *May*
A. D. 19..... *40*.....

John R. Quinch
County Clerk.

Certificate of Birth



STATE OF ILLINOIS, }
County of Clark } ss.

Book 5 Page 224

I, H. J. KEMP, County Clerk, do hereby certify that:

Glenn Lewis Blockinger of the Male sex
(Male or Female)
was born on May 30, 1920 at Darwin Township
(Date of Birth) (City, Village or Township)

in the County of Clark and State of Illinois, all of which appears from the records and files in my office.

GIVEN under my hand and seal, this 30 day of June 1920

Filed for Record June 9 A. D. 1920

(SEAL)

H. J. Kemp
County Clerk.

State of.....ILLINOIS.....
County of.....CLARK.....

ss.

I,.....RAY BURKYBILE, CIRCUIT CLERK & RECORDER.....

in and for said County, do hereby Certify that the above and foregoing is a full, true, and complete copy of the original Certificate of Discharge

issued to.....GLENN L. BLOCKINGER.....

as the same appears of record in my office on Page.....216..... Book.....3.....

WITNESS My Hand and Seal of the.....Circuit Clerk..... of said

County at.....Marshall, Ill..... this.....30th..... day of

.....November....., A. D. 1945.....

Ray Burkybile
Ray Burkybile
Circuit Clerk & Recorder

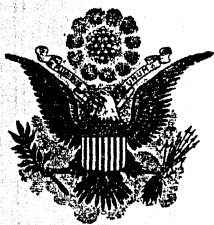
CERTIFIED COPY

—OF—

Honorable

DISCHARGE

GLENN L. BLOCKINGER



Army of the United States

Honorable Discharge

This is to Certify, That GLENN L. BLOCKINGER 36 718 257 TEC 5
4584th QM SV CO

ARMY OF THE UNITED STATES

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at SEPARATION CENTER
CAMP GRANT ILLINOIS
Date 19 November 1945

ARTHUR F. La Rouche
ARTHUR F. LA ROUCHE
MAJOR AC.

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL BLOCKINGER GLENN L		2. ARMY SERIAL NO. 36 718 257	3. GRADE TEC 5	4. ARM OR SERVICE QMC	5. COMPONENT AUS
6. ORGANIZATION 4584th QM SV CO		7. DATE OF SEPARATION 19 Nov 45	8. PLACE OF SEPARATION Separation Center Camp Grant Ill		
9. PERMANENT ADDRESS FOR MAILING PURPOSES RR 2 West Union Ill			10. DATE OF BIRTH 30 May 1920	11. PLACE OF BIRTH West Union Ill	
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT See 9			13. COLOR EYES Brown	14. COLOR HAIR Brown	15. HEIGHT 5 9
			16. WEIGHT 174 LBS.	17. NO. DEPEND. 0	
18. RACE WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify)	19. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (specify)		20. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. CIVILIAN OCCUPATION AND NO. Receiving & Shipping Checker

MILITARY HISTORY

22. DATE OF INDUCTION 19 Dec 42		23. DATE OF ENLISTMENT 19 Dec 42	24. DATE OF ENTRY INTO ACTIVE SERVICE 19 Dec 42	25. PLACE OF ENTRY INTO SERVICE Chicago Ill																			
SELECTIVE SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	26. REGISTERED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	27. LOCAL S.S. BOARD NO. 6	28. COUNTY AND STATE Cook Ill		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE 4353 Lake Park Ave Chicago Ill																		
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. Supply Clerk 835			31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) Marksmanship Rifle Carbine																				
32. BATTLES AND CAMPAIGNS NONE																							
33. DECORATIONS AND CITATIONS 4 OVERSEAS SERVICE BARS GOOD CONDUCT MEDAL ASIATIC PACIFIC THEATER RIBBON WORLD WAR II VICTORY MEDAL																							
34. WOUNDS RECEIVED IN ACTION None																							
35. LATEST IMMUNIZATION DATES SMALL POX Vac Sep 44 TYPHOID St Sep 45 TETANUS St Sep 44 OTHER (specify)			36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN <table><tr><td>DATE OF DEPARTURE 19 Jun 43</td><td>DESTINATION PTO</td><td>DATE OF ARRIVAL 27 Jun 43</td></tr><tr><td>6 Nov 45</td><td>USA</td><td>13 Nov 45</td></tr></table>			DATE OF DEPARTURE 19 Jun 43	DESTINATION PTO	DATE OF ARRIVAL 27 Jun 43	6 Nov 45	USA	13 Nov 45												
DATE OF DEPARTURE 19 Jun 43	DESTINATION PTO	DATE OF ARRIVAL 27 Jun 43																					
6 Nov 45	USA	13 Nov 45																					
37. TOTAL LENGTH OF SERVICE <table><tr><td colspan="3">CONTINENTAL SERVICE</td><td colspan="3">FOREIGN SERVICE</td></tr><tr><td>YEARS</td><td>MONTHS</td><td>DAYS</td><td>YEARS</td><td>MONTHS</td><td>DAYS</td></tr><tr><td>0</td><td>6</td><td>6</td><td>2</td><td>4</td><td>25</td></tr></table>			CONTINENTAL SERVICE			FOREIGN SERVICE			YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	0	6	6	2	4	25	38. HIGHEST GRADE HELD TEC 5		
CONTINENTAL SERVICE			FOREIGN SERVICE																				
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS																		
0	6	6	2	4	25																		
39. PRIOR SERVICE None																							
40. REASON AND AUTHORITY FOR SEPARATION Conv of Govt RR 1-1 Demobilization AR 615-365 Dated 15 Dec 44																							
41. SERVICE SCHOOLS ATTENDED None					42. EDUCATION (Years) <table><tr><td>Grammar 8</td><td>High School 4</td><td>College 0</td></tr></table>	Grammar 8	High School 4	College 0															
Grammar 8	High School 4	College 0																					

PAY DATA **You 14751**

43. LONGEVITY FOR PAY PURPOSES <table><tr><td>YEARS</td><td>MONTHS</td><td>DAYS</td></tr><tr><td>2</td><td>11</td><td>1</td></tr></table>			YEARS	MONTHS	DAYS	2	11	1	44. MUSTERING OUT PAY <table><tr><td>TOTAL</td><td>THIS PAYMENT</td></tr><tr><td>\$300.00</td><td>\$100.</td></tr></table>	TOTAL	THIS PAYMENT	\$300.00	\$100.	45. SOLDIER DEPOSITS none	46. TRAVEL PAY \$4.40	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER \$211.08 G. F. Dolbear Capt FT
YEARS	MONTHS	DAYS														
2	11	1														
TOTAL	THIS PAYMENT															
\$300.00	\$100.															

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.																								
48. KIND OF INSURANCE <table><tr><td>Nat. Serv.</td><td>U.S. Govt.</td><td>None</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>		Nat. Serv.	U.S. Govt.	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. HOW PAID <table><tr><td>Allotment</td><td>Direct to V.A.</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>		Allotment	Direct to V.A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50. Effective Date of Allotment Discontinuance 30 Nov 45	51. Date of Next Premium Due (One month after 50) 31 Dec 45	52. PREMIUM DUE EACH MONTH \$ 6.60	53. INTENTION OF VETERAN TO <table><tr><td>Continue</td><td>Continue Only</td><td>Discontinue</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>		Continue	Continue Only	Discontinue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nat. Serv.	U.S. Govt.	None																						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Allotment	Direct to V.A.																							
<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
Continue	Continue Only	Discontinue																						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						

54. RIGHT THUMB PRINT IMPRINT	55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) LAPEL BUTTON ISSUED ASR SCORE (2 Sep 45) 60	
	56. SIGNATURE OF PERSON BEING SEPARATED Glenn L. Blockinger	
57. PERSONNEL OFFICER (Type name, grade and organization - signature) Joseph K. Phipps JOSEPH K. PHIPPS IST LT AC		

HONORABLE
★
DISCHARGE

This Compartment For
HONORABLE DISCHARGE CERTIFICATE



IDENTIFICATION CARD

NAME Glenn L. Block

ADDRESS _____

CITY Chicago STATE _____

TEL. 7 S.S. No. _____

IN CASE OF ACCIDENT NOTIFY

NAME Mrs. Glenn L. Block

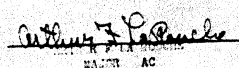
HONORABLE

DISCHARGE

GENUINE LEATHER

BL	
AS	
RR	
SE	
X	
19	
M-CO	
SU	
NO	
PA	
NO	
SE	
NO	
COR	
NC	
IMPO	
X	

This form supersedes all previous editions of
FD-302 (Rev. 7-16-63) for the extended periods
ending 11-18-63. Discharge, which
will not be used after receipt of this revision.





SEPARATION QUALIFICATION RECORD

SAVE THIS FORM. IT WILL NOT BE REPLACED IF LOST

This record of job assignments and special training received in the Army is furnished to the soldier when he leaves the service. In its preparation, information is taken from available Army records and supplemented by personal interview. The information about civilian education and work experience is based on the individual's own statements. The veteran may present this document to former employers, prospective employers, representatives of schools or colleges, or use it in any other way that may prove beneficial to him.

1. LAST NAME—FIRST NAME—MIDDLE INITIAL

BLOCKINGER, Glenn L

2. ARMY SERIAL No.

36 718 257

3. GRADE

T/5

4. SOCIAL SECURITY No.

497-12-0347

5. PERMANENT MAILING ADDRESS (Street, City, County, State)

RFD #2, West Union, Ill.

6. DATE OF ENTRY INTO ACTIVE SERVICE

10 Dec 42

7. DATE OF SEPARATION

10 Nov 45

8. DATE OF BIRTH

30 May 20

9. PLACE OF SEPARATION

SEPARATION CENTER CP GRANT ILL

MILITARY OCCUPATIONAL ASSIGNMENTS

10. MONTHS	11. GRADE	12. MILITARY OCCUPATIONAL SPECIALTY
2	Pvt	Field Art Basic Trng.
24	Pfc	Cannoneer 810
9	T/5	Supply Clerk 835

SUMMARY OF MILITARY OCCUPATIONS

13. TITLE—DESCRIPTION—RELATED CIVILIAN OCCUPATION

SUPPLY CLERK, SERVED as supply clerk in Pacific Theatre of Operations. Acted as supply sergeant. Issued equipment and clothing to military personnel. Requisitioned supplies and equipment from quartermaster depot. Kept records of inventory on hand and supplies and equipment issued to personnel. Was familiar with army regulation on accountability.

MILITARY EDUCATION

1. NAME OR TYPE OF SCHOOL—COURSE OR CURRICULUM—DURATION—DESCRIPTION

CIVILIAN EDUCATION

15. HIGHEST GRADE COMPLETED	16. DEGREES OR DIPLOMAS	17. YEAR LEFT SCHOOL	OTHER TRAINING OR SCHOOLING	
12	Diploma	1940	20. COURSE—NAME AND ADDRESS OF SCHOOL—DATE	21. DURATION
18. NAME AND ADDRESS OF LAST SCHOOL ATTENDED Marshall H S Marshall, Illinois			Business Administration (1940)	6 mo.
			Chillicothe Business School, Chillicothe, Mo.	
19. MAJOR COURSES OF STUDY Academic				

CIVILIAN OCCUPATIONS

22. TITLE—NAME AND ADDRESS OF EMPLOYER—INCLUSIVE DATES—DESCRIPTION

RECEIVING AND SHIPPING CHECKER 1-05-000: Worked as receiving and shipping checker for Bennet Bros Inc., Chicago, Illinois from Nov 1940 to Dec 1942. Supervised and worked with one assistant in stock room of wholesale jewelry business. Checked merchandise received against invoices, shipping tickets and packing tickets. Stored stock in proper places. Filled orders as per order slip. Assisted in the keeping of inventory records.

ADDITIONAL INFORMATION

23. REMARKS

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL BLOCKINGER GLENN L			2. ARMY SERIAL NO. 36 718 257		3. GRADE TEC 5	4. ARM OR SERVICE QMC		5. COMPONENT AUS	
6. ORGANIZATION 4584TH QM SV CO			7. DATE OF SEPARATION 19 NOV 45		8. PLACE OF SEPARATION SEPARATION CENTER CAMP GRANT ILL				
9. PERMANENT ADDRESS FOR MAILING PURPOSES RR 2 WEST UNION ILL					10. DATE OF BIRTH 30 MAY 1920		11. PLACE OF BIRTH WEST UNION ILL		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT SEE 9					13. COLOR EYES BROWN	14. COLOR HAIR BROWN	15. HEIGHT 5 9	16. WEIGHT 174 LBS.	17. NO. DEPEND. 0
18. RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify)		19. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (specify)		20. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. CIVILIAN OCCUPATION AND NO. RECEIVING & SHIPPING CHECKER 1 03 020			

MILITARY HISTORY

22. DATE OF INDUCTION 19 DEC 42		23. DATE OF ENLISTMENT		24. DATE OF ENTRY INTO ACTIVE SERVICE 19 DEC 42		25. PLACE OF ENTRY INTO SERVICE CHICAGO ILL	
26. REGISTERED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		27. LOCAL S.S. BOARD NO. 6		28. COUNTY AND STATE COOK ILL		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE 4353 LAKE PARK AVE CHICAGO ILL	
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. SUPPLY CLERK 835				31. MILITARY QUALIFICATION AND DATE (i. e., Infantry, aviation and marksmanship badges, etc.) MARKSMAN RIFLE CARBINE			
32. BATTLES AND CAMPAIGNS NONE							
33. DECORATIONS AND CITATIONS 4 OVERSEAS SERVICE BARS GOOD CONDUCT MEDAL ASIATIC PACIFIC THEATER RIBBON WORLD WAR II VICTORY MEDAL							
34. WOUNDS RECEIVED IN ACTION NONE							
35. LATEST IMMUNIZATION DATES							
SMALLPOX VAC SEP 44		TYPHOID ST SEP 45		TETANUS ST SEP 44		OTHER (specify)	
36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		DATE OF DEPARTURE 19 JUN 43		DESTINATION PTO		DATE OF ARRIVAL 27 JUN 43	
37. TOTAL LENGTH OF SERVICE		38. HIGHEST GRADE HELD TEC 5		DATE OF DEPARTURE 6 NOV 45		DESTINATION USA	
CONTINENTAL SERVICE		FOREIGN SERVICE		DATE OF DEPARTURE		DATE OF ARRIVAL	
YEARS 0	MONTHS 6	DAYS 6	YEARS 2	MONTHS 4	DAYS 25		
39. PRIOR SERVICE NONE							
40. REASON AND AUTHORITY FOR SEPARATION CONV OF GOVT RR 1-1 (DEMOBILIZATION) AR 615 365 DATED 15 DEC 44							
41. SERVICE SCHOOLS ATTENDED NONE						42. EDUCATION (Years) 8 GRAMMAR 4 HIGH SCHOOL 0 COLLEGE	

PAY DATA **VOU 14757**

43. PAY PURPOSES		44. MUSTERING (PAY PAY)		45. SOLDIER DEPOSITS		46. TRAVEL PAY		47. TOTAL AMOUNT NAME OF DISBURSING OFFICER	
YEARS 2	MONTHS 11	DAYS 1	TOTAL \$ 300	THIS MONTH \$ 100	NONE		\$ 4.40		\$211.08 G F DOLBEAR CAPT FD

INSURANCE NOTICE

IMPORTANT: IF A VETERAN IS NOT PAID WHEN DUE OR WITHIN THIRTY DAYS THEREAFTER, INSURANCE WILL BE PAID. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE ORDER OF THE U. S. ARMY AND FORWARD TO COLLECTING STATION, VETERANS ADMINISTRATION, WASHINGTON, D. C.											
48. KIND OF INSURANCE <input checked="" type="checkbox"/> LIFE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> OTHER		49. HOW PAID <input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER		50. Effective Date of Allowment Discontinuance 30 NOV 45		51. Date of Next Premium Due (One month after 50) 31 DEC 45		52. PREMIUM DUE EACH MONTH \$ 5.60		53. INTENTION OF VETERAN TO <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Discontinue <input type="checkbox"/> Indefinite	

54. 55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directions)	
---	--



Honorable Discharge

This is to certify that

GLENN L BLOCKINGER

36 718 257 TEC 5 4584TH QM SV CO

Army of the United States

*is hereby Honorably Discharged from the military
service of the United States of America.*

*This certificate is awarded as a testimonial of Honest
and Faithful Service to this country.*

Given at

SEPARATION CENTER
CAMP GRANT ILLINOIS

Date

19 NOVEMBER 1945



Honorable Discharge

This is to certify that

GLENN L BLOCKINGER

36 718 257 TEC 5 4584TH QM SV CO

Army of the United States

*is hereby Honorably Discharged from the military
service of the United States of America.*

*This certificate is awarded as a testimonial of Honest
and Faithful Service to this country.*

Given at

SEPARATION CENTER
CAMP GRANT ILLINOIS

Date

19 NOVEMBER 1945

ENLISTED RECORD AND REPORT OF SEPARATION

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL BLOCKINGER GLENN L				2. ARMY SERIAL NO. 36 718 257		3. GRADE TEC 5		4. ARM OR SERVICE QMC		5. COMPONENT AUS	
6. ORGANIZATION 4584TH QM SV CO				7. DATE OF SEPARATION 19 NOV 45		8. PLACE OF SEPARATION SEPARATION CENTER CAMP GRANT ILL					
9. PERMANENT ADDRESS FOR MAILING PURPOSES RR 2 WEST UNION ILL						10. DATE OF BIRTH 30 MAY 1920		11. PLACE OF BIRTH WEST UNION ILL			
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT SEE 9						13. COLOR EYES BROWN		14. COLOR HAIR BROWN		15. HEIGHT 5 9	
16. RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify)		19. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (specify)		20. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. CIVILIAN OCCUPATION AND NO. 1 03 020 RECEIVING & SHIPPING CHECKER					

MILITARY HISTORY

22. DATE OF INDUCTION 19 DEC 42			23. DATE OF ENLISTMENT 19 DEC 42			24. DATE OF ENTRY INTO ACTIVE SERVICE 19 DEC 42			25. PLACE OF ENTRY INTO SERVICE CHICAGO ILL		
SELECTIVE SERVICE DATA 		26. REGISTERED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		27. LOCAL S.S. BOARD NO. 6		28. COUNTY AND STATE COOK ILL			29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE 4353 LAKE PARK AVE CHICAGO ILL		
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. SUPPLY CLERK 835						31. MILITARY QUALIFICATION AND DATE (i. e., Infantry, aviation and marksmanship badges, etc.) MARKSMAN RIFLE CARBINE					
32. BATTLES AND CAMPAIGNS NONE											
33. DECORATIONS AND CITATIONS 4 OVERSEAS SERVICE BARS GOOD CONDUCT MEDAL ASTATIC PACIFIC THEATER RIBBON WORLD WAR II VICTORY MEDAL											
34. WOUNDS RECEIVED IN ACTION NONE											
35. LATEST IMMUNIZATION DATES						36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN					
SMALLPOX VAC		TYPHOID SEP 44		TETANUS SEP 44		OTHER (specify)		DATE OF DEPARTURE 19 JUN 43		DATE OF ARRIVAL 27 JUN 43	
37. TOTAL LENGTH OF SERVICE						38. HIGHEST GRADE HELD					
CONTINENTAL SERVICE			FOREIGN SERVICE			TEC 5					
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS						
0	6	6	2	4	25	USA 13 NOV 45					
39. PRIOR SERVICE NONE											
40. REASON AND AUTHORITY FOR SEPARATION CONV OF GOVT RR 1-1 (DEMOBILIZATION) AR 615 365 DATED 15 DEC 44											
41. SERVICE SCHOOLS ATTENDED NONE										42. EDUCATION (Years) 8 GRAMMAR 4 HIGH SCHOOL 0 COLLEGE	

PAY DATA **VOU 14757**

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS		46. TRAVEL PAY		47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER	
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT	NONE		\$ 4.40		\$211.08 G F DOLBEAR CAPT FD	
2	11	1	\$ 300	\$ 100						

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.											
48. KIND OF INSURANCE		49. HOW PAID		50. Effective Date of Allotment Discontinuance		51. Date of Next Premium Due		52. PREMIUM DUE EACH MONTH		53. INTENTION OF VETERAN TO	
<input checked="" type="checkbox"/> Nat. Serv.	<input type="checkbox"/> U.S. Govt.	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Allotment	<input type="checkbox"/> Direct to V. A.	30 NOV 45		31 DEC 45		\$ 6.60		<input checked="" type="checkbox"/> Continue <input type="checkbox"/> Continue Only <input type="checkbox"/> Discontinue

111. Filed this 30 of Nov 1945 in book 3 page 216 Pay Pay Pay Recorder



SEPARATION QUALIFICATION RECORD

SAVE THIS FORM. IT WILL NOT BE REPLACED IF LOST

This record of job assignments and special training received in the Army is furnished to the soldier when he leaves the service. In its preparation, information is taken from available Army records and supplemented by personal interview. The information about civilian education and work experience is based on the individual's own statements. The veteran may present this document to former employers, prospective employers, representatives of schools or colleges, or use it in any other way that may prove beneficial to him.

1. LAST NAME—FIRST NAME—MIDDLE INITIAL BLOCKINGER, Glenn L			MILITARY OCCUPATIONAL ASSIGNMENTS		
2. ARMY SERIAL No. 36 718 257	3. GRADE T/5	4. SOCIAL SECURITY No. 497-12-0347	10. MONTHS 2 24 9	11. GRADE Pvt Pfc T/5	12. MILITARY OCCUPATIONAL SPECIALTY Field Art Basic Trng. Cannoneer 610 Supply Clerk 835
5. PERMANENT MAILING ADDRESS (Street, City, County, State) RFD #2, West Union, Ill.					
6. DATE OF ENTRY INTO ACTIVE SERVICE 10 Dec 42	7. DATE OF SEPARATION 19 Nov 45	8. DATE OF BIRTH 30 May 20			
9. PLACE OF SEPARATION SEPARATION CENTER CP GRANT ILL					

SUMMARY OF MILITARY OCCUPATIONS

13. TITLE—DESCRIPTION—RELATED CIVILIAN OCCUPATION

SUPPLY CLERK. SERVED as supply clerk in Pacific Theatre of Operations. Acted as supply sergeant. Issued equipment and clothing to military personnel. Requisitioned supplies and equipment from quartermaster depot. Kept records of inventory on hand and supplies and equipment issued to personnel. Was familiar with army regulation on accountability.

MILITARY EDUCATION

14. NAME OR TYPE OF SCHOOL—COURSE OR CURRICULUM—DURATION—DESCRIPTION

CIVILIAN EDUCATION

15. HIGHEST GRADE COMPLETED	16. DEGREES OR DIPLOMAS	17. YEAR LEFT SCHOOL	OTHER TRAINING OR SCHOOLING	
12	Diploma	1940	20. COURSE—NAME AND ADDRESS OF SCHOOL—DATE	21. DURATION
18. NAME AND ADDRESS OF LAST SCHOOL ATTENDED Marshall H S Marshall, Illinois			Business Administration (1940)	6 mo.
			Chillicothe Business School, Chillicothe, Mo.	
19. MAJOR COURSES OF STUDY				
Academic				

CIVILIAN OCCUPATIONS

22. TITLE—NAME AND ADDRESS OF EMPLOYER—INCLUSIVE DATES—DESCRIPTION

RECEIVING AND SHIPPING CHECKER 1-03.020: Worked as receiving and shipping checker for Bennet Bros Inc., Chicago, Illinois from Nov 1940 to Dec 1942. Supervised and worked with one assistant in stock room of wholesale jewelry business. Checked merchandise received against invoices, shipping tickets and packing tickets. Stored stock in proper places. Filled orders as per order slip. Assisted in the keeping of inventory records.

ADDITIONAL INFORMATION

23. REMARKS

☒ PERMANENT
CERTIFICATE
☐ TEMPORARY
CERTIFICATE

DECEDENT'S BIRTH NO.

REGISTRATION
DISTRICT NO. 12.0
REGISTERED
NUMBER 60

STATE OF ILLINOIS

STATE FILE
NUMBER

CORONER'S CERTIFICATE OF DEATH

Type, or Print in
PERMANENT INK
See A Manual for
Coroners and
Funeral Directors
Handbook for
INSTRUCTIONS

A. DECEASED

B.

C.

D.

E.

PARENTS

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Martha Jane Blockinger					Female	3 August 4, 1980	
RACE - WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		ORIGIN OR DESCENT		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MO, DAY, YEAR)
4a. White		American		5a. 85	5b. MOS. DATE	5c. HOURS MIN.	March 23, 1895
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE DOA, OP, EMER, RM, INPATIENT (SPECIFY)	
7b. Marshall		7c. Cork Medical Center				7d. D.O.A.	
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
8. Illinois		9. U.S.A.		10. Married		11. Everett Blockinger	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	
12. 323-56-4324		13. School Teacher		13. Elementary Ed.		13c. No	
RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
14. R.R. #2, West Union		14b. Darwin Twp.		14c. No		14d. Clark	
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		
15. James Benjamin Spangler					16. Eva - Lichtenberger		
INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)			
17a. Eugene Nelson		17b. Daughter		17c. RR #2, Box 141, West Union, Ill. 62477			
18. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE		CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(a) Cardiac Arrest		Immediate	
		(b) Arteriosclerotic failure				At least 1 yr.	
		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES/NO)		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		19b.	
20a. Natural		20b. -		20c. -		20d. -	
INJURY AT WORK (YES, NO)		PLACE OF INJURY, AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY)		LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE)			
20e. -		20f. -		20g. -			

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEDENT WAS PRONOUNCED DEAD ON		AT	
21a. CORONER'S SIGNATURE		21b. August 4, 1980		21c. 12:20 A.M.	
22a. CORONER'S PHYSICIAN'S SIGNATURE		DATE SIGNED		(MONTH, DAY, YEAR)	
22b. Donald H. Hoch		22b. Aug. 5, 1980			
23a. CORONER'S SIGNATURE		DATE SIGNED		(MONTH, DAY, YEAR)	
23b. -		23b. -			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION	
24a. Burial		24b. Marshall Cem.		24c. Marshall, Illinois	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.	
25a. Prust-Hosch Funeral Chapel -		West Union, Illinois		62477	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. Donald H. Hoch		25c. 5771			
LOCAL REGISTRAR'S SIGNATURE		DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. M. Fisher		26b. Aug 6 1980			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE Aug 26, 1980 SIGNED Mervin Fisher

AT IL Official Title City Clerk

The official record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health is in full and final effect and shall be prima facie evidence in all courts and places of the facts therein stated.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Bureau of Statistics.

Printed by the Authority of the State of Illinois

☒ PERMANENT
CERTIFICATE
☐ TEMPORARY
CERTIFICATE

STATE OF ILLINOIS

STATE FILE
NUMBER

CORONER'S CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO

REGISTRATION
DISTRICT NO. 12.0
REGISTERED
NUMBER 60

Type or Print in
PERMANENT INK
See A Manual for
Coroners and
Funeral Directors
Handbook for
INSTRUCTIONS

DECEASED - NAME

FIRST

MIDDLE

LAST

SEX

DATE OF DEATH

(MONTH, DAY, YEAR)

1.

Martha Jane Blockinger

Female

3 August 4, 1980

RACE - WHITE, BLACK, AMERICAN
INDIAN, ETC. (SPECIFY)

ORIGIN OR DESCENT

AGE - LAST
BIRTHDAY (YRS)

UNDER 1 YEAR

UNDER 1 DAY

DATE OF BIRTH (MO, DAY, YEAR)

COUNTY OF DEATH

4a. White

American

5a. 85

5b.

5c.

March 23, 1895

7a. Clark

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET
AND NUMBER)

IF HOSP. OR INST. INDICATE DOA,
OP EMER. RM. INPATIENT (SPECIFY)

7b. Marshall

7c. Cork Medical Center

7d. D.O.A.

STATE OF BIRTH (IF NOT IN
U.S.A. NAME COUNTRY)

CITIZEN OF WHAT COUNTRY

MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (SPECIFY)

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8. Illinois

9. U.S.A.

10. Married

11. Everett Blockinger

SOCIAL SECURITY NUMBER

USUAL OCCUPATION

KIND OF BUSINESS OR INDUSTRY

U.S. WAR VETERAN
(YES/NO)

WAR OR DATES OF SERVICE

12. 323-56-4324

13. School Teacher

13. Elementary Ed.

13c. No

13d. -

RESIDENCE STREET AND NUMBER

CITY, TOWN, TWP. OR ROAD DISTRICT NO.

INSIDE CITY
(YES/NO)

COUNTY

STATE

14a. R.R. #2, West Union

14b. Darwin Twp.

14c. No

14d. Clark

14e. Illinois

FATHER - NAME

FIRST

MIDDLE

LAST

MOTHER - MAIDEN NAME

FIRST

MIDDLE

LAST

15. James Benjamin Spangler

16. Eva - Lichtenberger

INFORMANT'S SIGNATURE

RELATIONSHIP

MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

17a. Thomas Nelson

17b. Daughter

17c. R.R. #2, Box 141, West Union, Ill. 62477

18. DEATH WAS CAUSED BY:

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

PART I.

IMMEDIATE CAUSE

CONDITIONS, IF ANY,
WHICH GAVE RISE TO
IMMEDIATE CAUSE (a)
STATING THE UNDER-
LYING CAUSE LAST.

(a)

Cardiac Arrest

Immediate

DUE TO, OR AS A CONSEQUENCE OF

(b)

Arteriosclerotic failure

At least

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY
(YES/NO)

IF YES, WERE FINDINGS CON-
SIDERED IN DETERMINING CAUSE
OF DEATH

ACCIDENT, SUICIDE, HOMICIDE OR
UNDETERMINED. (SPECIFY)

DATE OF INJURY (MONTH, DAY, YEAR)

HOUR

HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN
PART I OR PART II, ITEM 18)

20a. Natural

20b. -

20c. -

M.

20d. -

INJURY AT WORK
(YES, NO)

PLACE OF INJURY AT HOME, FARM, STREET
FACTORY, OFFICE BUILDING, ETC. (SPECIFY)

LOCATION

(CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE)

20e. -

20f. -

20g. -

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR
THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE
AND DUE TO THE CAUSE(S) STATED, AND THAT

THE DECEDENT WAS PRONOUNCED DEAD ON
MONTH DAY YEAR

AT

21a. CORONER'S SIGNATURE

21b. August

4, 1980

21c. 12:20 A.M.

22a. CORONER'S PHYSICIAN'S SIGNATURE

DATE SIGNED

(MONTH, DAY, YEAR)

22b. Donald H. Hoch

22b. Aug. 5, 1980

DATE SIGNED

(MONTH, DAY, YEAR)

23a. BURIAL, CREMATION,
REMOVAL (SPECIFY)

CEMETERY OR CREMATORY - NAME

LOCATION

CITY OR TOWN

STATE

DATE (MONTH, DAY, YEAR)

24a. Burial

24b. Marshall Cem.

24c.

Marshall, Illinois

24d. Aug. 6, 1980

FUNERAL HOME

NAME STREET AND NUMBER OR R.F.D.

CITY OR TOWN

STATE

ZIP

25a. Prust-Hosch Funeral Chapel -

West Union, Illinois 62477

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. Donald H. Hoch

25c. 5771

LOCAL REGISTRAR'S SIGNATURE

DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. Mable Fisher, Bureau, Illinois

26b. Aug. 6, 1980

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

SIGNED Mable Fisher

Aug 26, 1980

DATE

city clerk

OFFICIAL TITLE

Illinois

leaser

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health is for the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Bureau of Statistics.

Printed by the Authority of the State of Illinois

CARD OF THANKS

It is with deep gratitude that
the family of Martha J. Block-

inger wishes to thank the relatives and friends for the moving tribute to her memory. A special thanks to Rev. Walter Volkers, Prust-Hosch Funeral Chapel, and the West Union Ambulance Service for their many trips.

Everett Blockinger
Mr. & Mrs. Raymond Nelson
and sons

Mr. & Mrs. Glenn Blockinger
Mr. & Mrs. Roy Bonus
Mr. & Mrs. Fred Schwarz
Mr. & Mrs. Glenn Blockinger, Jr.

What the heart has once
owned....it shall never lose.

*The family of
Everett C. Blockinger
acknowledges with deep appreciation
your kind expression of sympathy*

Jan 9, 1981

☒ PERMANENT
CERTIFICATE
☐ TEMPORARY
CERTIFICATE
DECEDENT'S BIRTH NO.

REGISTRATION
DISTRICT NO. 12.0
REGISTERED
NUMBER 5

STATE OF ILLINOIS

STATE FILE
NUMBER

CORONER'S CERTIFICATE OF DEATH

Type, or Print in
PERMANENT INK
See A Manual for
Coroners and
Funeral Directors
Handbook for
INSTRUCTIONS

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Everett Clarence Blackinger 2 Male 3 Jan. 9, 1981

RACE - WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) ORIGIN OR DESCENT AGE - LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY MOS. DAY HOURS MIN DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH

4a. White American 5a. 84 5b. March 24, 1876 5c. Clark

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE DOA, CP, EMER. RM, INPATIENT (SPECIFY)

7b. Darwin Twp. 7c. R.R. #2, West Union 7d. -

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8. Illinois 9. U.S.A. 10. Widowed 11. -

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES, NO) WAR OR DATES OF SERVICE

12. 320-32-1653 13a. Farmer 13b. Agriculture 13c. No 13d. -

RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES, NO) COUNTY STATE

14a. R.R. #2, West Union 14b. Darwin Twp. 14c. No 14d. Clark 14e. Illinois

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST

15. John L. Blackinger 16. Elizabeth - Hammerly

INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

17a. Armagene Nelson 17b. Daughter 17c. R.R. #2, West Union, Ill. 62477

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE

(a) Cardiac Arrest

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(b) Myocardial Infarction

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)

20a. Natural 20b. - 20c. - M. 20d. -

INJURY AT WORK (YES, NO) PLACE OF INJURY, AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) LOCATION (CITY, VIL. OR TOWN; OR TWP. OR RD. DIST. NO., COUNTY, STATE)

20e. - 20f. - 20g. -

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

21a. CORONER'S SIGNATURE 21b. John 9, 1981 21c. 11:30 A.M.

22a. Donald H. Hosch DATE SIGNED (MONTH, DAY, YEAR)

22b. Jan. 10, 1981

23a. CORONER'S PHYSICIAN'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)

23b. -

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. Burial 24b. Marshall Cemetery 24c. Marshall, Illinois 24d. Jan. 12, 1981

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

25a. Prust-Hosch Funeral Chapel West Union, Illinois 62477

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. Donald H. Hosch 25c. 5771

LOCAL REGISTRAR'S SIGNATURE DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. Merle Fisher Leary Illinois 26b. Jan. 13, 1981

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE

Jan 14, 1981

SIGNED

Merle Fisher

AT

Illinois

OFFICIAL TITLE

Leary, Merle Fisher

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health on the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

EVA SCHMIDT BLOCKINGER

Dioecesis
Bistum

Timișara

Baptismales

Comitatu
Județul
Komitat
Vármegye

Timiș-Toront

- Taufschein - Keresztlevél

Parochia rom. cat.
Parohia rom. cat.
Röm.-kath. Pfarre
Röm.-kath. plébánia

Bencecul de pîn

Millesimo nonagesimo octavo
mm. 26

1919. III. 26

Tempus baptismi Timpul botezului Zeit der Taufe A kereszteleés ideje	1919. III. 27
Baptizati(a)s Botezului - A megkeresztelt	nomen numele Namen neve Eva
sexus Geschlecht neme	fem.
legitimitas Legitimitate törvényessége	legitim
Parentum - Párinfilor - Der Eltern A szülők	nomen numele Namen neve Schmidt Johannes et Eva Schreiber
conditio ocupatiunea Beruf foglalkozása	
locus natalitatis locul nașterii Geburtsort születési helye	Bencecul de pîn, Dealul-Bruckheim
religio Religion vallás	rom. cat.
dom. et No. Strada Wohnort, HausNr lakhely, házszám	Bencecul de pîn 168
Patrini Nași Paten Keresztszülők	Michael Adorée et Eva Schmidt
Baptizans Botezătorul Der Täufer A keresztező	M. Gócsy, parochus
Observationes: Observațiuni: Bemerkungen: Megjegyzések:	

In quorum fidem — In a căror credință ROȘTE die Richtigkeit — Fentiek hiteléül

Datum,

Bencecul de pîn, la



parochus — paroh — Pfarrer — plébános

No Priest from 1807-1825
Sold out Benschek 1814
100 house lots

Gros Bentschek established 1764
Of Hungary ~~promised~~ promised
(Queen Maria Theresa) ↑
freedom & religious & land

1782 Germans moved among
the Romanians in Hungary.
They didn't like the flat land
& moved to a hilly land like
the Black Forest. 1794 the Germans
got together to move.

48 families (houses) on a
straight street ~~on the~~ lived ^{by} hill ^{the}

Written by Mark's
mom as dictated by
Eva Schreiber Schmidt
about why the family
moved

PASSPORT



*United States
of America*

give all lawful aid and protect

CANCELLED

Le Secrétaire d'Etat
des Etats-Unis d'Amérique

APR 2 1 1990

les présentes toutes autorités compétentes
ressortissant des Etats-Unis titulaires
NEW APPLICATION PPT/NPC
REG X NF REG OFF

Eva Blockinger
SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE

2000年12月29日

Type/Caté- Code of Issuing / code du pays **PASSPORT NO./NO. DU PASSEPORT**
P 023198920

BLOCKINGER

1000

UNITED STATES OF AMERICA

Date of birth / Date de naissance

26 MAR/MAR 19

Sex / Sexe Place of birth / Lieu de naissance

FROM ROMANIA

Date of issue / Date de délivrance

20 SEP/SEP 89

Date of expiration / Date d'expiration

19 SEP/SEP 99

Authority / Autorité

PASSPORT AGENCY

Amendments/ Modifications

SEE PAGE

CHICAGO

24

[illegible]

02319200USA1903267F9909195<<<1<<<<<<<<<6

NOTICE

THIS PASSPORT MUST NOT BE USED BY ANY PERSON OTHER THAN THE PERSON TO WHOM ISSUED OR IN VIOLATION OF THE CONDITIONS OR RESTRICTIONS PLACED THEREIN OR IN VIOLATION OF THE RULES REGULATING THE ISSUANCE OF PASSPORTS. ANY WILLFUL VIOLATION OF THESE LAWS AND REGULATIONS WILL SUBJECT THE OFFENDER TO PROSECUTION UNDER TITLE 18, UNITED STATES CODE, SECTION 1544.

FOR YOUR PROTECTION PENCIL IN THE NAMES AND ADDRESSES BELOW.

PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S ADDRESS IN THE UNITED STATES:

ADRESSE DU TITULAIRE AUX ETATS-UNIS:

503 N. 5th St
Marshallville

BEARER'S FOREIGN ADDRESS:

ADRESSE DU TITULAIRE A L'ETRANGER:

IN CASE OF DEATH OR ACCIDENT NOTIFY THE NEAREST AMERICAN EMBASSY OR CONSULATE AND THE INDIVIDUAL NAMED BELOW:

EN CAS DE DECES OU D'ACCIDENT, PRIERE D'AVISER LE SERVICE DIPLOMATIQUE OU CONSULAIRE DES ETATS-UNIS LE PLUS PROCHE, AINSI QUE LA PERSONNE NOMMEE CI-DESSOUS.

Name / Nom Martha Barnes

Address / Adresse 424 S. River Rd
Marshallville OH 44640

Telephone / Téléphone 630-961-2724

Visas

Entries / Entrées

Departures / Sorties

IT IS THE RESPONSIBILITY OF THE PASSPORT BEARER TO OBTAIN THE NECESSARY VISAS.

LE TITULAIRE DU PASSEPORT EST SEUL RESPONSABLE DE L'OBTENTION DES VISAS REQUIS.

PASSPORT



*United States
of America*

PASSPORT NUMBER
NUMERO DU PASSEPORT

A452443

PEN AND INK ENTRY OF THE PASSPORT
NUMBER BY THE BEARER

FOR YOUR PROTECTION PLEASE FILL IN THE NAMES AND ADDRESSES BELOW.

BEARER'S ADDRESS IN THE UNITED STATES:

ADRESSE DU TITULAIRE AUX ETATS-UNIS:

3434 W. 83 St.
Woodridge Ill 60517

BEARER'S FOREIGN ADDRESS:

ADRESSE DU TITULAIRE A L'ETRANGER:

IN CASE OF DEATH OR ACCIDENT NOTIFY THE NEAREST AMERICAN
DIPLOMATIC OR CONSULAR OFFICE AND THE INDIVIDUAL NAMED
BELOW:

EN CAS DE DECES OU D'ACCIDENT, PRIERE D'AVISER LE SERVICE
DIPLOMATIQUE OU CONSULAIRE DES ETATS-UNIS LE PLUS PROCHE,
AINSI QUE LA PERSONNE NOMMEE CI-DESSOUS.

Name
Nom: Glenn L. Blockinger Jr.

Address
Adresse: 3436 W 83 St.
Woodridge Ill 60517

The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen(s) /national(s) of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.



Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes les autorités compétentes d'autoriser l'entrée du(des) ressortissant(s) des Etats-Unis nommé(s) dans les présentes, sans délai ni difficulté et, en cas de besoin, d'accorder audit(auxdits) ressortissant(s) toute aide et toute protection légitimes.

→ **WARNING:** ALTERATION, ADDITION OR MUTILATION OF ENTRIES IS PROHIBITED.
ANY UNOFFICIAL CHANGE WILL RENDER THIS PASSPORT INVALID.

NAME—NOM

EVA BLOCKINGER

SEX—SEXE

F

BIRTHPLACE—LIEU DE NAISSANCE

ROMANIA

BIRTH DATE—DATE DE NAISSANCE

MARCH 26, 1919

ISSUE DATE—DATE DE DELIVRANCE

FEB. 19, 1950

WIFE/HUSBAND—EPOUSE/EPOUX

X X X

EXPIRES ON—EXPIRE LE

FEB. 18, 1955

MINORS—ENFANTS—MINEURS

X X X

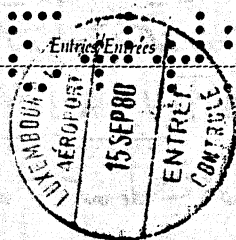
CANCELLED
NEW APPLICATION

Eva Blockinger

SIGNATURE OF BEARER—SIGNATURE DU TITULAIRE

→ **IMPORTANT:** THIS PASSPORT IS NOT VALID UNTIL SIGNED BY THE BEARER.
PERSONS INCLUDED HEREIN MAY NOT USE THIS PASSPORT FOR TRAVEL
UNLESS ACCOMPANIED BY THE BEARER.





Entrées/Entrées

Visas

Départures/Sorties

Entrées/Entrées

Visas

Départures/Sorties

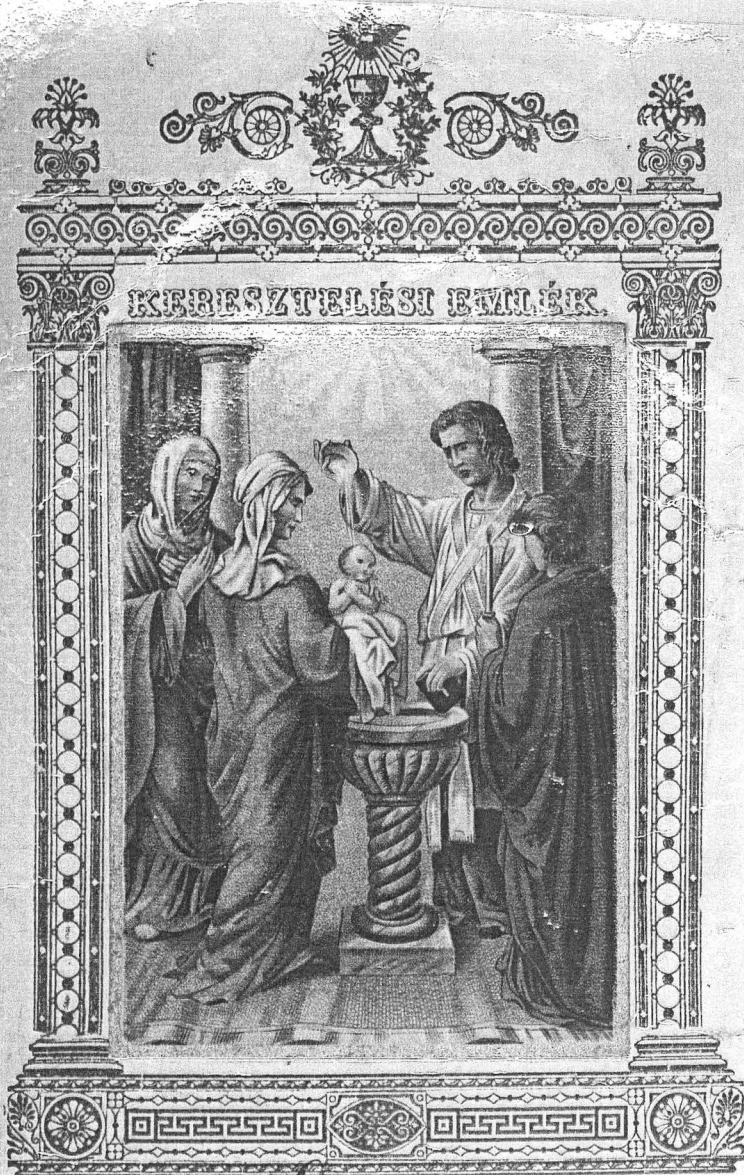
IT IS THE RESPONSIBILITY OF THE PASSPORT BEARER TO
OBTAIN THE NECESSARY VISAS.

LE TITULAIRE DU PASSEPORT EST SEUL RESPONSABLE DE
L'OBTENTION DES VISAS REQUIS

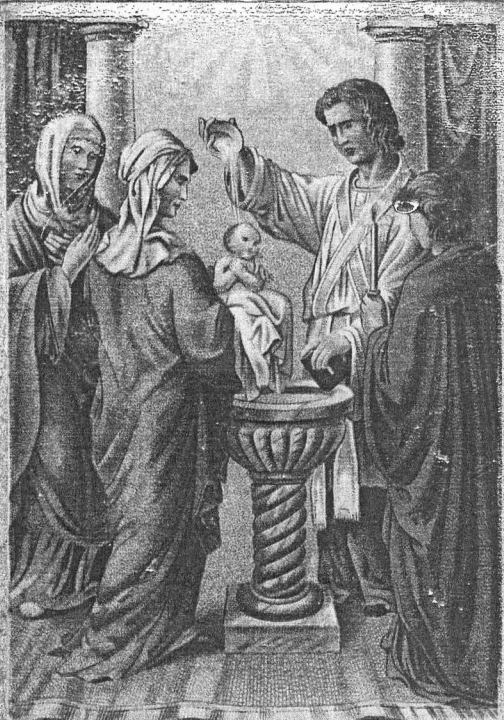
PASSPORT



*United States
of America*



KERESZTELESI EMLÉK.



_____ számára
 a felsőbencséri plébánia-egyházban
 1919 évi _____
 megkereszteltetett Görög István által
 keresztatyja v. anyja Marcella Karoly

ST. FRANCIS DE PAULA CHURCH

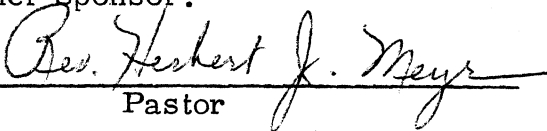
7822 S. DOBSON AVENUE

CHICAGO, ILLINOIS 60619

Jan. 11, 1980

TO WHOM IT MAY CONCERN:

This is to affirm that EVA SCHMIDT, while attending St. Francis de Paula Schobl, was CONFIRMED in this Church on May 22, 1930 by The Most Rev. Bernard J. Sheil, D.D., with Mrs. Mary Lang as her Sponsor.



Pastor

St. Francis de Paula Rectory
7814 Robson Avenue
Chicago, Ill.

To Whom It May Concern:

This is to certify that Eva Schmidt, daughter
of John Schmidt and the undersigned Eva Schmidt was Baptized shortly
after birth, according to the rites of the Catholic Church,

*...Eva...Schmidt.....

Signed May 3rd. 1927

7947 Arund Ave.

SCHMIDT & SCHREIBER

CITY OF CHICAGO—BOARD OF HEALTH

OFFICE OF THE PRESIDENT

STATE OF ILLINOIS }
COUNTY OF COOK }
CITY OF CHICAGO }

I, Herman N. Bundesen, M. D.,
Registrar of Vital Statistics of the
City of Chicago, do hereby certify
that I am the keeper of the records
of births, stillbirths and deaths of
the City of Chicago by virtue of the
laws of the State of Illinois and the
ordinances of the City of Chicago;
that the accompanying certificate on
this sheet is a true copy of a record
kept by me in pursuance of said
laws and ordinances.

This Certified Copy **VALID**
Only When Original **BLUE**
SEAL AND **BLUE SIGNATURE**
Are Affixed.

SEPT. 2, 1958

ORIGINAL

STATE OF ILLINOIS

STATE FILE
NUMBER

58626

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

1. PLACE OF DEATH a. COUNTY COOK		b. DEATH TOOK PLACE <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 1c.		c. RESIDENCE WAS <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.	
c. CITY, VILLAGE, OR TOWN CHICAGO		d. LENGTH OF STAY IN 1b OR 1c 38 years		e. LENGTH OF RESIDENCE AT 2c OR 2d 38 years	
e. NAME OF HOSPITAL OR INSTITUTION South Shore Hospital		f. LENGTH OF STAY IN 1e 10 days		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (FIRST) John		b. (MIDDLE)		c. (LAST) Schmidt	
5. SEX Male		6. RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Building		8. DATE OF BIRTH March 12, 1894	
13. FATHER'S FULL NAME John Schmidt		14. MOTHER'S FULL MAIDEN NAME Margaret Koegler		9. AGE (in years last birthday) 64	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NUMBER 323-07-7887		17. INFORMANT a. SIGNATURE Mildred H. Johnson RA. b. ADDRESS 8015 Luella Avenue	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for (IA), (IB), and (IC).] IMMEDIATE CAUSE (IA) Carcinoma of the pancreas with metastases		12. Citizen of what country? U. S. A.		c. RELATIONSHIP TO DECEASED Hospital Record	

INTERVAL BETWEEN ONSET AND DEATH one year	
---	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).
Small bowel obstruction - - - one week

19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.

21. I hereby certify that I attended the deceased from **2** 19**57**, to **2** 19**58**, that I last saw the deceased alive on **7/27** 19**58**, and death occurred at **5:25 P. M.** from the causes and on the date stated above.

DATE **8/3/58** SIGNED **George R. Thompson M.D.** ADDRESS **1832 E. 71st St. Chicago 19** PHONE **SA 1-1111**

22. DISPOSITION: BURIAL St. Mary's (DATE) 9/2/58	23. FIRM NAME George R. Thompson Mortuary
CEMETERY Evergreen Park, Illinois	ADDRESS 1000-1010 E. 79th Street
LOCATION Chicago 19, Illinois	SIGNATURE George R. Thompson LICENSE NUMBER 293

24. Received for filing on **AUG 31 1958** (Signed) **Herman N. Bundesen** 54 West Hubbard Street, Chicago 10
CHICAGO BOARD OF HEALTH LOCAL REGISTRAR

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING



All good wishes for Christmas
and the New Year



27
A. Heinemann

THE HOME OF THE FAMOUS WEDDING PHOTOGRAPHING
5343 SO. ASHLAND AVE.
CHICAGO, ILL.

John Schmidt



John Schmidt
5th from the right
Back row

No. 2367286

TO BE GIVEN TO THE
PERSON NATURALIZED.

CERTIFICATE OF



NATURALIZATION

Petition, Volume 209, Number 66676;

Description of holder: Age, 32 years; height, 5 feet, 8 inches; color, White.....;
 complexion, Fair; color of eyes, Brown; color of hair, Brown;
 visible distinguishing marks, None;
 Name, age, and place of residence of wife _____

(NOTE:—AFTER SEPTEMBER 22, 1922, HUSBAND'S NATURALIZATION DOES NOT MAKE WIFE A CITIZEN.)

Names, ages, and places of residence of minor children _____

Eva 7 yrs with
Mary 5 " me

STATE OF ILLINOIS

COOK COUNTY

Be it remembered, that John Schirich SS:
 then residing at number 5031 Michigan Ave Street,
 CITY of Chicago STATE of Illinois, who previous
 to his naturalization was a CITIZEN SUBJECT of Rumania, having applied to be admitted a citizen
 of the United States of America pursuant to law, and at a term of the Circuit
 Court of Cook County held at Chicago on the 24 day of SEPTEMBER,
 in the year of our Lord nineteen hundred and twenty-six, the court having found that the petitioner
 intends to reside permanently in the United States and that he had, in all respects
 complied with the Naturalization Laws of the United States, and that he was entitled
 to be so admitted, it was thereupon ordered by the said court that he be admitted as a
 citizen of the United States of America.

(SEAL)

In testimony whereof the seal of said court is hereunto affixed on the 24 day of
SEPTEMBER in the year of our Lord nineteen hundred and Twenty-Six, and of our
 Independence the one hundred and FIFTY FIRST.

Thomas O. Wallace

Clerk, Circuit Court of Cook County, Illinois.

Deputy.

(Official character of attester.)

DECEDENT'S BIRTH NO.

REGISTRATION

DISTRICT NO 22-0C

STATE OF ILLINOIS

STATE FILE
NUMBERREGISTERED
NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in
PERMANENT INK
See Funeral Directors,
Hospital, or Physicians
Handbook for
INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1 Eva Schmidt 2 Female 3 July 7, 1989

COUNTY OF DEATH AGE-LAST BIRTHDAY (Y/M/S) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4 DuPage 5a 91 5b MOS DAYS 5c HOURS MIN 5d July 15, 1897

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) FHCSP, CR, INST, INDICATED O.A., OP EMER PM INPATIENT (SPECIFY)
6a Naperville 6b Edward Hospital 6c Emer. Rm.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) HAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7 Hungary 8a Widowed 8b none 9 no

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10 346-26-5149 11a Homemaker 11b Own Home 12 6

RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO. INSIDE CITY COUNTY
13a 310 W. Martin Ave. 13b Naperville 13c yes 13d DuPage

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e IL 13f 60540 14a White 14b ☒ NO ☐ YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
15 Jacob Schreiber 16 Eva Lehmann

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a Marla Bonus 17b Grand-daughter 17c 424 S. River Rd., Naperville, IL 60540

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) (a) Congestive Heart Failure 14 MONTHS
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) Arteriosclerosis YEARS
STATING THE UNDERLYING CAUSE LAST. (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
Myasthenia Gravis; 19a no 19b

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a 20b 20c YES ☐ NO ☒

(100) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a 6-30-89 21b yes 21c 2:00 A. M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
22a SIGNATURE Robert F. Hubbard 22b 7-7-89

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c 22d 003-036-06858

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23 ROBERT F. HUBBARD, M.D. 720 BEOM #203 B NAPERVILLE, IL

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a Burial 24b St. Mary 24c Evergreen Park, IL 24d 07/10/89

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a Beidelman-Kunsch Funeral Home, 117 W. Van Buren, Naperville, IL 60540

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b 25c 31-7602

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a 26b July 7, 1989

VR200 (Rev. 1/89)

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE July 7 1989 SIGNED James P. Paulsen, M.D.

AT NAPERVILLE, Illinois. OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar of the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

PRINTED BY THE STATE OF ILLINOIS

Taufandenken.



Wer nicht aus dem Wasser und dem heiligen Geiste wiedergeboren ist, kann in das Himmelreich nicht eingehen. Joh. 3. 5.

Verlaganstalt Benziger & Co. A. G. Dépôt 1921. Einsiedeln, Schweiz.

für Schreiber Coa
in der Pfarrikirche zu M. Gerssek
am 16ten Febr. 1893 im Jahre 18 93
getauft von W. Gerssek
als W. Gerssek

Eva Schreiber
Schmidt

Baptismal record
1697



(John)
Johann: Schmidt
Eva Schleber

Hungarian
Festival

John Schmidt
8005 Langley

Nordamerica

Chicago, Ill.



Benecul de sus
Jud. Timis-Tor
Romania

Europa.

No. 2717219

TO BE GIVEN TO THE
PERSON NATURALIZED.

CERTIFICATE OF



NATURALIZATION

Petition, Volume 261, Number 40723.

Description of holder: Age, 30 years; height, 5 feet, 1 inches; color, White.....
 complexion, fair; color of eyes, brownish-grey; color of hair, dark brown;
 visible distinguishing marks, none

Name, age, and place of residence of wife

(NOTE.—AFTER SEPTEMBER 22, 1922, HUSBAND'S NATURALIZATION DOES NOT MAKE WIFE A CITIZEN.)

Name, age, and place of residence of minor children

ORIGINAL

UNITED STATES OF AMERICA
NORTHERN DISTRICT OF ILLINOIS

SS:

EVA SCHMIDT

7947 Drexel Avenue

STATE

(Signature of Holder.)

Illinois

Special.

who previous

having applied to be admitted a citizen

District

Regular

term of the

the United States

hold at

Chicago

on the 3rd day of November

in the year of our Lord nineteen hundred and 27

the court having found that the petitioner

intends to reside permanently in the United States and that he had in all respects

complied with the Naturalization Laws of the United States and that he was entitled

to be so admitted, it was thereupon ordered by the said court that he be admitted as a

citizen of the United States of America.

[SEAL]

In testimony whereof the seal of said court is hereunto affixed on the 3rd day of
 November in the year of our Lord nineteen hundred and 27, and of our
 Independence the one hundred and thirty-second.

Charles M. Bates

Clerk, District Court of the United States,
Northern District of Illinois.

(Official character of attestation)



Festival
in Romania

Sep. 31

BLER
SECS

Sep. 31

1975

Festival in
Romania

Sep. 31

BLER
SECS

Sep. 31

1975